




# HOMEMAKER CHARTING SHEET

Employee Name: \_\_\_\_\_

(Please place the date of visit in the blank square under Su,M,Tu,W,Th,F,Sa)

Month/Year	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa
/20__														
Social Recreation														
Laundry														
Clean Bedroom														
Empty Garbage														
Meal Preparations														
Shopping/Errands														
Wash Dishes														
Clean Stove/Oven														
Clean Refrigerator														
Vacuum														
Mop Floors														
Make bed														
Change Bed Linen														
Clean Bathroom														
Dusting														
Wash Windows														
Sweep														
Time In 														
Time Out 														
Hours 														

(Please INITIAL all areas where services are provided.)

Client Name: \_\_\_\_\_  
(Printed)

Client Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ ; \_\_\_\_\_ Date: \_\_\_\_\_  
(after week one) (after week one)

\_\_\_\_\_ Date: \_\_\_\_\_ ; \_\_\_\_\_ Date: \_\_\_\_\_  
(after week two) (after week two)